

09/964,940

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Handwritten]</i>	<i>[Handwritten]</i>	<i>[Handwritten]</i>
O.I.P.E. CLASSIFIER	<i>[Handwritten]</i>	<i>[Handwritten]</i>	<i>[Handwritten]</i>
FORMALITY REVIEW	<i>[Handwritten]</i>	<i>[Handwritten]</i>	<i>[Handwritten]</i>
RESPONSE FORMALITY REVIEW	<i>[Handwritten]</i>	<i>[Handwritten]</i>	<i>[Handwritten]</i>

INDEX OF CLAIMS

- ✓ Rejected N Non-elected
- = Allowed I Interference
- (Through numeral) ... Canceled A Appeal
- + Restricted O Objected

Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

38555 & 18
09/12/01